



# REQUEST FOR REVISION OF COMMITTEE

L&I apprenticeship coordinator

TO: Washington State Apprenticeship & Training Council

FROM: \_\_\_\_\_  
NAME OF STANDARDS

**Check Type of Committee and all other items being revised:**

- ☐ Individual Joint   
 ☐ Group Joint   
 ☐ Group Waiver   
 ☐ Plant   
 ☐ Sub-Committee  
☐ Individual Non-Joint   
 ☐ Group Non-Joint   
 ☐ Individual Waiver   
 ☐ OJT   
 ☐ Training Director  
☐ Committee/Standards Name Change (only)

Name of New Employer Representative	Mailing Address

Name of New Employee Representative	Mailing Address

By the approved, authorized signatures below, this committee is verifying that the members of this committee meet the qualification requirements in accordance with WAC 296-05-313.

Requested by: _____		Do not write in space below	
Chairman:		Approved by:	Washington State Apprenticeship & Training Council
Secretary:		Secretary of Council	
Date of Approval:		Date:	

FROM: \_\_\_\_\_  
NAME OF STANDARDS

Name of Employer Member being Replaced	Mailing Address

Name of Employee Member being Replaced	Mailing Address

Training Director/Coordinator: (change to read)	Mailing Address

Committee/Standards Name: (change to read)